

APPLICATION FOR ARIZONA RESIDENTS

For your convenience we have provided an application form for you to download.

- Download and print the form.
- Complete the form and have it signed by a competent authority, as defined in the eligibility requirements.
- Mail, fax or email the form to:

Arizona State Braille and Talking Book Library

1030 N. 32nd Street
Phoenix, AZ 85008

Fax: 602-286-0444
Email: btbl@azlibrary.gov

We accept applications that are faxed to us or sent electronically.

APPLICATION FOR FREE LIBRARY SERVICE

Name (First, Middle Initial, Last) _____

Address _____ City _____

State _____ Zip+4 _____ County _____

Phone _____ Email _____

Date of Birth _____ Female Male

Alternate Contact _____ Relationship _____

Alternate Phone _____ Alternate Contact Email _____

Check here if honorably discharged from the Armed Forces of the United States.

ELIGIBILITY REQUIREMENT – Check only one box (see definitions under eligibility criteria):

Blindness Visual disability Physical disability Reading disability

Certification signature required. Certifier cannot be a relative or the applicant.

In cases of blindness, visual and/or physical disabilities, the following persons may certify:

M.D., D.O., R.N., Ophthalmologist, Optometrist, therapist, and professional staff of hospitals, institutions, libraries, schools and public or private welfare agencies.

In the case of a Reading Disability, a M.D. or D.O. must certify this application.

I certify that the applicant is unable to read or use standard printed material for the reason indicated above.

(MUST INCLUDE SIGNATURE OR STAMP OF CERTIFYING AUTHORITY TO BE PROCESSED.)

Name _____ Date _____
Please Print

Title and Occupation _____

Street Address _____ Telephone () _____

City _____ State _____ Zip _____

Signature _____